

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>11148</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>RALPH T HOFFMANN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>8 ROSS STREET</u> City <u>POINT MARION</u> State <u>PA</u> ZIP Code + 4: <u>15474</u>	4. Name, file number, and address of labor organization. Name <u>USW LOCAL 14693</u> Labor Organization File Number <u>029062</u> P.O. Box, Building and Room Number, if any _____ Street <u>451 ADAMS AVENUE</u> City <u>CANONSBURG</u> State <u>PA.</u> ZIP Code + 4: <u>15317</u>
5. Position in labor organization. _____	

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>7.b. Amount.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ralph Hoffman

On

8-12-05

Date _____

724-725-0604

Telephone Number _____

Name of Person Filing

RALPH HOFFMANN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

WAGES	40786.40
REIMBURSED EXPENSES	
MOTEL	3587.56
PER DIEM	1890.00
MILEAGE	5250.89
OFFICE SUPPLIES	
POSTAGE PARKING	886.07
TOLLS INTERNET	

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

52,400.92

Name of Person Filing

RALPH HOFFMANN

File Number U-

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UPMC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE CHATHAM CENTER

City PITTSBURGH

State PA ZIP Code + 4 15219

14.a. Nature of payment.

UPMC GOLF OUTING 200.00

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

200.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

LABOR GOLF DUTING 172.84
TRUST FUND CHALLENGE 287.96

14.b. Amount of payment.

13.b. Is the Business an Employer ☐or Consultant ☒ ?

460.80